



State of Utah
Office of Emergency Services
RACES Program
1110 State Office Bldg
Salt Lake City, UT 84114

<http://des.utah.gov>

Phone (801) 538-1100

Fax (801) 538-3772

State RACES # _____



**APPLICATION FOR MEMBERSHIP
UTAH RADIO AMATEUR CIVIL EMERGENCY SERVICE (RACES)**

Name: _____

Amateur Call: _____

License Class: ☐T ☐P ☐G ☐A ☐E

Expiration: Mo. _____ Yr. _____

Address: _____

City: _____

County: _____

Zip Code: _____ - _____ (9 Digit)

Home Phone: (____) - _____ - _____

Work Phone: (____) - _____ - _____

Email Address: _____

Emergency Skills:

☐Antennas ☐Electronic Tech

☐Towers ☐Electrician

☐Comp. Software ☐Welder

☐Comp. Hardware ☐Carpenter

☐Repeaters ☐IRLP/Echolink

☐Other Skills: _____

Occupation: _____

Amateur Leadership Positions: _____

Station Capability:

☐Fixed

☐Mobile/Portable

☐B/U Battery

☐Solar

☐Generator

Affiliations:

☐ARES

☐ERC

☐CERT Certified

☐MARS Call: _____ ☐CAP Call: _____

PLEASE NOTE: IT IS NO LONGER NECESSARY TO ENCLOSE A COPY OF YOUR AMATEUR RADIO LICENSE WITH THIS APPLICATION. YOUR INFORMATION WILL BE VERIFIED AGAINST THE ULS DATABASE.

I agree to abide by and obey all orders and directives of the Federal Communications Commission as they apply to the Radio Amateur Civil Emergency Service and that any authorization issued in accordance with this application shall be issued with the express understanding that it is subject to revocation or cancellation at any time.

(Signature of Applicant)

(Date)

Emergency Services Organization Assignment:

I hereby certify that the applicant is a member of the above-named Emergency Services organization and has satisfied all requirements for participation in the radio communications network for the area served by that organization.

(Signature of RACES Official)

(Date)